

CASCADE COUNTY TEMPORARY FOOD SERVICE PERMIT

Cascade City-County Health Department, 115 4th St. S., Great Falls, MT 59401 (406) 454-6950

PRINTED PERMIT MUST BE POSTED AT EVENT LOCATION IN PUBLIC VIEW

Please make check payable to CCHD					
□ Establishments operating at a single event lasting 1-3 consecutive days regardless of number of employees (\$40 license fee Establishments with 2 or fewer employees working at any one time at event more than 3 days (\$85 license fee) Establishments with more than 2 employees working at any one time at event more than 3 days (\$115 license fee) Non-Profit Organization (as defined in 50-50-102 MCA)					
censee (Operator/Owner) Name:					
Establishment Name:					
Licensee Mailing Address:					
City: State: Zip Code:					
Contact Telephone: () Contact FAX: ()					
Contact Email Address:					
Name of Temporary Event:					
Temporary Event Physical Location:					
City: Zip code: County:					
Dates of Operation: To Total Days Operating: (Start Date) (Last Day)					
I hereby certify that the information I have supplied above is true and correct.					
Licensee Signature: Date:					
TEMPORARY FOOD SERVICE (TFS) RESTRICTION: AUTHORIZES THE TFS TO OPERATE AT THE SPECIFIED TEMPORARY EVENT, FOR THE DATES OF OPERATION SPECIFIED ABOVE. THE TFS MUST PREPARE AND SERVE ONLY THE FOOD(S) LISTED ON THE APPROVED MENU AND MUST FOLLOW ATTACHED REQUIREMENTS AS SPECIFIED BY THE LOCAL HEALTH AUTHORITY.					
This Section is to be completed by the Regulatory Authority					
emporary Permit Application Received by: Date: Date:					
ermit Signed by: Date:					
nvision Connect Facility ID: Attachment A Completed:					
ncially Compliant Financially Non-compliant Fee Exempt					

Cascade County Temporary Food Application

TYPE or PRINT IN INK. Enter N/A where requested information does not apply. Leave NO BLANK SPACES.

1	FFE OPERATOR INFORMATION	EVENT INFORMATION	
Type of Org ☐ For Profit		Hours of Operation (include time set-up will begin):	
Event Organizer's Name: On-site (Person-in-Charge) Contact: On-site Contact Cell Phone:		Date(s) of Event: Anticipated Maximum Attendance at Peak Time: Event Location: Indoor Event Outdoor Event* * Event will occur regardless of the weather conditions: Yes No	
			Facility Type: □ Booth □ Mobile Food Establishment □ Permanent Building □ Food Cart
			ratures) and where it will be prepa
Hamburger Xampier	Will buy pre-formed patties at grocery store. Will transport to event in cooler with ice. Will keep on ice un ready to cook. Will cook on grill. Will hold in roasting pan above 135°F. Will throw away all patties left at the end of the day.		
er Food itoms	s that will be prepared at other locations, p	provide the following information:	
	ablishment Name:	•	

Name of License Holder: ______ Phone #: _____

CCHD March 2017

1	L.	. Location of cooking and holding equipment		
	2. Location of handwashing and utensil washing facilities (if not using shared facilities)			
		Location of trash disposal containers		
2	1.	Location of work tables, food and single-service storage		
г				
- 1				

Sketch below the general layout of the Temporary Food Establishment, indicating the location of the following:

MINIMUM REQUIREMENTS FOR SAFE FOOD HANDLING

- 1. Minimum holding temperatures: Hot food: 135°F or hotter Cold food: 41°F or colder
- 2. Reheat food items to a minimum of 165°F within 2 hours in an uninterrupted process.
- 3. A metal stem food **thermometer** (0°F-220°F) must be available to check temperatures of food items, and accurate thermometers are to be located in cold holding units.
- 4. Proper thawing procedures: Thaw under cold, running water (less than 70°F) or in fridge (41°F or below).
- 5. Hands must be washed thoroughly <u>before</u> putting on disposable gloves or handling food and <u>after</u> visiting a restroom, smoking, eating, drinking, or handling raw meats, garbage, soiled linens, or dirty dishes, or any other situation that could contaminate the hands. Food handler gloves must be worn and duties divided among food handlers to eliminate cross-contamination.
- 6. **No bare hand contact with ready to eat foods.** Disposable food handler gloves, deli paper, or utensils **must** be worn when handling or serving ready to eat foods and cooked or finished product.
- 7. Exclusion of ill individuals from food handing tasks. For example: persons with diarrhea, vomiting, jaundice, sore throat with fever, skin infection, open or draining wounds, upper respiratory infection, or a communicable disease cannot prepare food.
- 8. Keep the handling of raw products separate from the handling of cooked or finished products.
- 9. Clean and sanitize food contact surfaces (i.e. tables/counters/cutting boards) prior to the event and frequently throughout the day and <u>always</u> after contact with raw meats. For a sanitizer solution, mix water and bleach (chlorine) or quaternary ammonium (QA) in a bucket. **Check concentrations of sanitizing solution with test strips**. MT Food Rule **Chlorine: 50-200 ppm, QA: 150-400 ppm.** When wiping cloths are not in use, they must be stored in the sanitizer bucket.
- 10. Wash all raw fruits and vegetables before being served or cooked.
- 11. Properly clean and sanitize all utensils and dishes prior to the event. Wash, rinse, sanitize, and air dry. Sanitize food contact equipment using chlorine (50-200 PPM) or quaternary ammonia (QA) solution (150-400 ppm). If equipment such as knives, tongs, spatulas, etc. are used continuously, clean and sanitize at least every 4 hours during service time of event.





Temporary Event Permit Application Attachment A Complete for Events Longer than 3 Days or upon Sanitarian request

TEMPORARY FOOD ESTABLISHMENT REQUIREMENTS						
Booth Construction (Select Applicable)						
Overhead Covering Canvas Other:						
Floor Asphalt Concrete Wood Other:						
Walls Screens Concrete Wood Other:						
Booth supplied by: ☐ TFE Operator ☐ Event Organizer ☐ Rent from:						
Sketch the general layout of the Temporary Food Establishment on page 4 of this application.						
Utensils and Equipment (When Applicable)	Handwashing Facilities (When Applicable)					
☐ Single-serve eating and drinking utensils	Provided by : ☐ Event Coordinator ☐ FE Operator					
☐ Multi-use kitchen utensils	Type of handwashing facility:					
Type of Utensil Washing Set Up:	☐ Gravity-fed water with spigot/bucket					
☐ Three basin set-up	\square Self-contained portable unit (with potable water and					
☐ Shared three compartment sink	waste water holding tanks)					
☐ Three compartment sink within a food establishment	☐ Plumbed with hot and cold water under pressure					
Sanitizer to be used:	Hand Soap, single-use towels, and trash receptacle must					
☐ Chlorine ☐ Quaternary Ammonia ☐ Iodine	be provided at all handwashing sinks.					
Food Storage or Display Equipment	Toilet Facilities for Food Employees					
Identify all holding equipment that will be used:	Provided by : \square Event Coordinator \square FE Operator					
Cooking Equipment	Electrical Supply:					
Identify all cooking equipment that will be used:	☐ Refrigerator or Freezer available					
	☐ Lighting available					
Food Transportation	Refuse Removal					
Identify how food will be transported to event:	Identify responsible party for waste removal:					
Food Employees (When Applicable)	Liquid Waste Removal					
Certified Food Manager available ☐ Yes ☐ No	Identify responsible party for liquid waste removal:					
Name:						
# of food employees:	Frequency of liquid waste removal:per day					
A temporary food establishment permit will not be issued unless this application meets all applicable local requirements, as well as those found in the Administrative Rules of Montana, and the permit has been signed and approved by the regulatory authority. Additionally, the undersigned is aware that non-compliance may result in closure of the temporary food establishment.						
Applicants Name (Print):	Applicants Signature:					
DO NOT COMPLETE INFORMATION BELOW – FOR OFFICE USE ONLY						
Application Approved Reviewer Signate	ure/Title:					
☐Yes ☐No* See reason below						
	/Date:					
*Reason(s) for Disapproval:						